SECTION 3- INFORMATION ABOUT YOUR MEDICAL RECORDS, continued

DOCTOR/HMO/THERAPIST/OTHER

3. NAME	DATES
ADDRESS	First Visit **(within last 12 months)**
CITY STATE ZIP	Last Visit
PHONE ( ) - (area code) (phone number) PATIENT ID# (if known)	Next Appointment
Reasons for visits	What treatment was received?

If you need more space, use SECTION 10 - REMARKS.

3.E. List each **HOSPITAL/CLINIC** where you received treatment **within the last 12 months**. Also, provide this information for any future appointment(s).

1. NAME	PHONE ( ) - (area code) (phone number)	
ADDRESS	PATIENT ID # (if known)	NEXT APPOINTMENT
CITY STATE ZIP	What doctor(s) do you regularly see here?	

TYPE OF VISIT	DATES (within the last 12 months)		REASON FOR VISIT(S)	TREATMENT RECEIVED
	Date In	Date Out		
Inpatient Stays (stayed at least overnight)				
	First Visit	Last Visit	REASON FOR VISIT(S)	TREATMENT RECEIVED
Outpatient Visits (sent home the same day)				
	Date(s) of Visit(s)		REASON FOR VISIT(S)	TREATMENT RECEIVED
Emergency Room Visits				